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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

*None-All*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

*None-All*

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY SC	SHEETS DRAWING 4	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials		

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## TITLE

Surgical arm positioning pad

FILING FEE  RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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